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Vol. XVIII. No. 2

THE CANADIAN NURSE

AND HOSPITAL REVIEW

Owned and Published Monthly by the Canadian National Association of Trained Nurses

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THE

CANADIAN NURSE

A Monthly Journal for the Nursing Profession in Canada

Editor and Business Manager.....MISS HELEN RANDAL, R.N.

VOL. XVIII. VANCOUVER, B. C., FEBRUARY, 1922 No. 2

Officers of the Canadian National Association of Trained Nurses, 1921-1922

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Report of Memorial Committee

Provincial Committees appointed:

BRITISH COLUMBIA—Convener, Miss Elizabeth Breeze, Vancouver; Treasurer, Miss Helen Randal, Vancouver.

SASKATCHEWAN—Convener, Miss J. Urquhart, Regina; Treasurer, Miss Edith Macy, Saskatoon.

ONTARIO—Convener, Miss Esther Cook, Toronto; Treasurer, not appointed.

QUEBEC—Convener, Miss E. C. Rayside, Montreal; Treasurer, not appointed.

The fund necessary for the memorial has been decided to be $65,000. The amount assigned to each provincial committee is as follows:—

British Columbia, $13,000; Alberta, $5,000; Saskatchewan, $5,000; Manitoba, $4,000; Ontario, $24,000; Quebec, $10,000; New Brunswick, $2,000; Nova Scotia, $2,000.

The Committee wishes to urge the necessity of each nurse accepting individual responsibility in order that the memorial to our Canadian nurses may be secured. The undertaking is too great for a few members, and needs the active support of all.

JEAN I. GUNN,
Convener of National Memorial Committee.

As Seen by a Patient

The following account of a hospital, by a 32-months' patient, appears in the October number of the *King's College Hospital Gazette*:

"A hospital is a collection of corridors and stairs supported by slippery floors and contributions. A ward is a room attached to a corridor. It contains nurses, beds, patients, and fresh air in large quantities. A bed has longitude but no latitude. Its real duty is to beautify the ward. To disarrange a bed is a criminal offense. It is a far, far better thing to have a tidy bed than to be comfortable. A patient is the victim of circumstances—a conspiracy between the doctors and hospital authorities. After he has bided awhile he realizes why he is called a patient. A nurse is essential for the proper running of the ward. Her chief duty is to watch patients in order to wake them when asleep. . . . A clinical thermometer is a morbid cold-blooded instrument which requires a hot-air bath twice daily. The radiant heat necessary is provided by the patient. A chart is a piece of paper clipped to a board hanging on your bed. It is provided so that specialists can play noughts and crosses with the students. Has often been mistaken for an underground railway map, but is really the life story of a thermometer set to music. . . The medicine cupboard contains brandy and castor oil. Tremendous quantities of each are used. The brandy is used to camouflage the castor oil and is also used as a restorative when patients feel faint. No patient is ever allowed to feel faint! Screens are used by the nurses instead of Sandow's Developer and are considered part of their uniform when on duty. No nurse is allowed to take a screen with her out of the ward when off duty. Most screens do not screen. Night commences when blinds are pulled down—day commences when the night nurses have finished their midnight meal. Old patients sleep in the daytime—it is quieter. Lockers are a hospital version of dining-room sideboards. Always placed so that a patient cannot get at them, and really provided to gratify the nurses' curiosity. Lockers do not lock!"—*British Journal of Nursing*.

Hospital Administration as it Affects the Training School, or as it is Affected by the Training School.

A. K. Haywood, M. D.

Such a title as the above, which, I might add, was chosen for me, would, I am sure, give ample scope for some administrators to air many so-called grievances against their training schools. There was a time when I would have welcomed such an opportunity as this to take the nursing profession to task, but that was many years ago, when I was beginning to learn hospital administration. At that time I was willing to pit my enthusiasm against the knowledge of training school superintendents who were exceedingly wise to their particular profession. Time has demonstrated to me most emphatically that hospital administration and training school administration cannot be separated as oil and water, but have a common interest that must be directed by both sides to the glory of the hospital as a whole.

It is not so many years ago that the matrons of the training schools were monarchs of all they surveyed, and rightly so. Hospital superintendents had not learned their share of the mysteries, troubles and joys of the matron of a training school. In many cases the superintendent of the hospital was a layman who had grown up with the hospital, but who could never grow up with the training school, because they spoke different languages. These men were excellent business administrators, but it inevitably meant that to a large degree the training schools were of necessity forced to work out their own salvation.

The administration of a general hospital, fifteen, or even ten, years ago, was quite a different problem from the complex situation that presents itself under that heading to-day. During the last decade our hospitals have been compelled to undergo many radical changes. I refer in particular to questions of policy and finance, and in each of these broad principles the training school has a very definite relation to the administrative head.

The modern hospital administrator has done well to pattern his business (that of hospital management) after that of our large corporations. The old, careless, happy-go-lucky methods of conducting our charitable institutions in the past have given way to modern business methods. We look upon our hospitals to-day as large factories; our product is not boots and shoes, but health. We have our various departments all contributing to the manufacture of that product, and not the least important, if not the most important department, is the training school. If they are to be asked to contribute their quota to the end that our product, health, may be the finished article, they must be

taken into the confidence of the administrator, share his successes and troubles. On the other hand, it stands to reason that if the administrator is to be more than the nominal head of his or her institution, he must in turn study training school problems in general, and the problem of his own training school in particular.

One very serious effect that modern hospital administration has had upon the training school is the large amount of clerical, or work of a purely business nature, that has been placed upon the training school, and by it distributed to the ward directresses, and in turn by them to the undergraduate nurse. A sympathetic administrator can accomplish much in securing this business assistance from his training school head by education. I mean by that, tactful consideration of the troubles and inconveniences that this work will entail. Training school heads are, as a body, reasonable people, and can be shown whereby these improved business methods are both necessary and beneficial for their hospital, and although it is very difficult at times, and impossible at others, to prove that any direct benefit will accrue to the training school, there is no doubt that there will be indirect benefit in direct ratio to the general improvement in the hospital. The policy of not letting your right hand know what your left hand is doing has been tried in hospital administration, and has failed miserably. If the matron of your training school is to be expected to instil into her nurses the spirit of co-operation, so essential between the various departments in a hospital, it is necessary that she be as well informed as possible of the problems of those other departments. This is being accomplished in several of our larger hospitals by regular meetings of the different department heads. At these meetings each one learns something of the difficulties of the other, and it is here that one looks for original suggestions for the betterment of the hospital as a whole. It would be unjust to the training school to place it upon an equal footing with, say the head of the laundry, housekeeper, or any of the other sub-departments, at these meetings, but one should endeavour to make the staff meetings as democratic as possible, always guarding against the personal element which is so liable to creep in between heads of deparments whose feelings have been hurt, or authority encroached upon; and, at the same time, impressing upon all present the dignity and importance of the training school, in order that they, in turn, may, we hope, carry into their departments and to their employees, be they mechanics, servants or clerks, the proper sense of courtesy and deference which our training schools have earned in their development from the day of "SAIRY GAMPS" to the, may we say, finished product of to-day.

The modern hospital has added many departments to its organization of recent years. This has been made necessary in order to cope with the advances made in medicine. We have Hydro-Therapy, Physio-

Therapy-Metabolism and Social Service Departments, and a host of others in addition to special clinics, for example, instructional clinics for children, child-welfare diabetic, fracture, venereal disease. These are all necessary in modern healing, but they have made serious inroads into the training school. There are very few hospitals that have not been compelled to increase their proportion of nurses to patients to keep pace with these modern methods. Here we have one very good reason for the shortage of nurses that seems to exist at the present time. The establishment of so many of these departments by our hospitals has necessitated in turn a serious increase in the instruction given to an undergraduate nurse, until at the present time we have training school matrons wondering how on earth they can get time from their nurses to add this or that new subject to their curriculum. One cannot resist sounding a note of warning to guard against our nursing curriculum becoming too much theory and too little practice. For one hears so often now-a-days that the present-day nurse does not compare favourably with her predecessors of ten years ago. I do not agree with this, but feel that modern hospital administration does seriously affect the training school by the addition of these new departments which we are so frequently adding to our organizations.

I canot help but feel that the hospital administrator of recent years has exerted a considerable influence over the destinies of the training school of his or her particular hospital. We know that there are good schools and poor schools, but we also know that it is seldom that one finds a poor training school without finding that the rest of that particular hospital is considerably below standard. A good training school can exist in a poor hospital, but its existence will be of short duration. It can exist only by the almost superhuman efforts of an excellent matron. Some of you ladies may have had that experience, and I sincerely hope that none of you will ever have it again. Nobody knows better than yourselves of the hundred and one petty troubles that confront you daily, and in my humble opinion many of these troubles can be partially solved or shouldered by the administrative head of your hospital. Get the confidence and respect of your superintendent; see that he has your confidence and respect, and I feel convinced that the effect of hospital administration on the training school will not only be beneficial, but pleasant.

The effect of the administration on the training school, I am quite sure, would be much more intelligently described by the training school, for it does seem more or less presumptuous on my part to attempt to describe what effect any particular hospital administration may or may not have on a training school. What I have already said along these lines should not be taken too literally, but more as generalities, although I can scent the material in my topic for a very interesting and at times lively debate, were the two questions put up for debate, to their respective

critics, that is, the effect of hospital administration on the training school, on the one hand, and to the opposing forces, the effect of the training school on hospital administration.

Let us look for a few moments on the second half of our title, "The Effect of the Training School on Hospital Administration." The remarks that I have already made regarding the placing of so much clerical work on the training school were made to point out one of the effects of the administration on the training school; on the other hand, the ability of the training school to carry out this work has a still more serious effect on the administration of the hospital. Local conditions will, in many cases, govern in your respective communities. At the Montreal General Hospital we call upon the training school for assistance in many ways. We have a system of keeping our patients' accounts which calls for daily reports from departments such as operating rooms, surgical supply office, etc., all of which are prepared by the nursing staff. These are not always correct, but, lest I be misunderstood, I must state that every endeavour is made by the training school to have them rendered promptly and correctly. The listing of patients' clothes and valuables, the requisitioning of supplies, or for repairs, all clerical work at present done by the members of the training school, brings the training school into intimate contact with the administration of an institution which employs these methods will be more or less at the mercy of the training school. Nurses in training and even graduates in charge of wards must have a working knowledge of the administrative methods they are being asked to assist with. Unfortunately for the administrative side of the hospital, the constant changing of the personnel of the training school causes many breakdowns in the assistance they are asked to render.

One hears so often the criticism that the nurses are for nursing only, and their services should not be commandeered for administrative purposes. I can assure you that, with the present shortage of applicants for training schools in North America to-day, he would be a very short-sighted superintendent who would impose upon the training school any work, apart from nursing, that was not necessary. Yet, on the other hand, many of your present undergraduates are some day going to be the future training school heads, and it is vital to them that at least a small working knowledge of these problems be obtained while in training.

Hospital administration is not a sinecure; medical men have not yet realized the future of this branch of medicine. It must not be looked upon as a position to be occupied by medical men who, having failed in private practice, enter this branch in order to eke out a living with the least amount of effort. That has happened before, and that is one of the main reasons why it is so difficult to secure medical men

as assistants. If this continues it will not be improbable that our large hospitals will have at least one assistant superintendent, a trained nurse, and probably more. I cannot help but feel that this arrangement would bring to the administration of the hospital many advantages and make for a still closer co-operation between the training school and purely administrative departments.

The movement that is slowly but surely spreading over this continent for an eight-hour day for nurses in training has undoubtedly given many a hospital superintendent much cause for worry. I think I am safe in stating that the policy of an eight-hour day is now generally accepted as reasonable and fair. There are still many of our large hospitals that have not adopted it, not from any lack of desire or unwillingness on their part, but due to the demands that this change would make on their annual budget and available accommodation. It means in many cases new quarters being erected for the additional nurses required, and a considerable increase in the pay-roll in hospitals where undergraduates are paid a monthly or annual honorarium, to say nothing of the additional expenses which this increase in the nursing staff adds to practically every department. The superintendent that has to face this change to an eight-hour day realizes only too well, if his accommodation is limited, that this problem is one of the training school problems that is going to have a most serious effect on hospital administration; coupled with this is the general movement in all our large hospitals for a betterment of general living and social conditions for our nurses in training. The modern young women that come to our training schools are not going to stand the semi-slavery conditions that have existed in so many places in the past. They demand that justice be tempered with mercy; that, in being called upon to do a grown-up woman's duties, they be treated as women; that opportunities be provided, within reason, for recreation and meeting one another socially. These problems are dealt with by so-called training school committees in many hospitals, but the training school problem is becoming one of such magnitude that our hospitals are gradually employing administrators who will study the problems of this department as they would any other department of the hospital.

Not all of the effects of the training school on hospital administration are either pleasant or beneficial. Traditions have instilled into our training schools a well-earned and well-merited feeling of superiority. There is no doubt that in a properly governed training school the discipline among the nurses will be superior to that of many of the other departments of the hospital. In addition to this commendable asset the training school is a professional being and rightly demands professional respect. It is these various attributes that contribute every now and then to some of the worries and pleasures of the administrative hand. I do not think that hospital employees are thin-skinned, but it is a re-

markable fact how frequently one is called upon to settle some misunderstanding between some member of the training school and the housekeeper, engineer, foreman, dietitian, general office staff, laundry, steward, etc. My experience has taught me that in the main the training school is correct, but some of the judgments that the administrative head is asked to render would seem to require the wisdom of Solomon and the patience of Job.

There is no doubt that a large percentage of the success of a hospital is attributable to the reputation of its training school. Its graduates are spread over the entire continent, and I am afraid that we, as hospital superintendents, are too often content to bask in the sunshine of this success, and forget that it is in a great part due to the high standing of our training school and its effect on our hospital administration, rather than to our own individual efforts as administrators.

Read at the C. A. N. E. Convention, Quebec, 1921.

BEING POPULAR

Learn to laugh; a good laugh is better than medicine.

Learn how to tell a story; a good story, well told, is as welcome as a sunbeam in a sick-room.

Learn to keep your own troubles to yourself; the world is too busy to care for your ills and sorrows.

Learn to stop croaking; if you cannot see any good in the world, keep the bad to yourself.

Learn to hide your aches and pains under pleasant smiles; no one cares to hear whether you have headaches, earaches, or rheumatism.

Learn to meet your friends with a smile; a good-humored man or woman is always welcome, but the dyspeptic is not wanted anywhere.

Above all, give pleasure; lose no chance of giving pleasure.

You will pass through this world but once.

Any good thing, therefore, that you can do, or any kindness that you can show to any human being, you had better do it now; do not defer or neglect it.

For you will not pass this way again.

Editorial

The appeal of the Convener for the Memorial Committee, which appeared on the front page of the January issue, is followed this month by the first report for publication sent out by that committee. In it the nurses of Canada will see that a definite start has been made to carry out the scheme which was so enthusiastically voted for by representatives from all provinces in Quebec last summer. From indications then expressed and the interest taken, one would judge that there was not a nurse in this Dominion of ours who did not feel that one of the first memorials to be arranged for should be that of keeping green the memory for all generations of those nursing sisters of whom we are so proud, and who gave all they had—even life itself—for their country and for us. There were many, very many of us too, who could not get overseas or even into the military work during those terrible years of the world war. To our credit may it be said that in Canada there never was any lack of nurses for this work. Now all that is over, and our reverence and pride in those of us who died is so great that we can confidently expect that the sum required for a monument will be raised at once. To get results by 1923, we must follow out the suggestions of the Memorial Committee as sent out to the Provincial Conveners and get to work at once. Our first consideration is ourselves. What are you going to do? It has been thought by those who understand our feelings about this memorial that nurses themselves must subscribe first and as freely as can be done. Suggestion first is that each nurse sends in her individual contribution—$5.00 if possible—at the earliest date to the provincial treasurer of the fund, who will mail contributions each month to the Dominion Treasurer, Miss Davidson. Nothing can be done in a definite way towards the actual work on the memorial until sufficient moneys are in hand for the committee to feel justified in letting the artist begin his task. The following suggestions have been sent out to the Provincial Conveners, and we can do nothing less than get to work NOW. Names of conveners from provinces who have already formed their committees is published in this number; surely the others will soon be in line for work.

When in the future, in Ottawa, generations yet unborn will, we confidently expect, see a fitting memorial to Canadian nursing sisters, raised by the efforts of Canadian nurses, they may feel within themselves the same pride in the C.A.M.C. nursing service as we feel, who knew and loved, as well as respected, them and their efforts.

When, on the morning after the sinking of the "Llandovery Castle," with the death of fourteen Canadian nursing sisters, the Matron-in-

Chief sat with sad heart in her office, a sister entered and asked to be allowed to go on transport service. "Did you not read the paper?" asked Miss Macdonald, "with the news." "That is why I am applying," said the sister. "I have no immediate family, and can more easily be spared than others." With a spirit like that in our midst, can we do less than our utmost for the memory of those "who fought the good fight?"

Give with a will for a memorial for women such as these, and many more, who had the willingness, but were not called on, for the supreme gift of life itself.

* * * *

Space in the magazine is limited to our purse strings, and we have, beginning with the January issue, felt obliged to print the personal notes, births, marriages and deaths in somewhat smaller type than hitherto, in order to give more space to new departments of interesting material to our readers. If we had the support we should have, a larger magazine would be the first thing started by this office, as plenty of good material could be obtained. It may seem as if there was almost a constant appeal for more subscribers and more money to work with, but facts are facts, and still our figures show only a small proportion of graduate nurses subscribing.

I cannot love thee as I ought,
For love reflects the thing beloved;
My words are only words, and moved
Upon the topmost froth of thought.

—*In Memoriam.*

Smiling, frowning, evermore,
Thou are perfect in love-lore.
Revealings deep and clear are thine
Of wealthy smiles: but who may know
Whether smile or frown be fleeter?
Whether smile or frown be sweeter,
Who may know?

—*Early Poems.*

News from The Medical World

A Treatment of Anthrax

Anthrax being one of the most fatal diseases, a treatment that promises good results commands attention. Dr. Eichorn, chief of the Bureau of Animal Industry, Washington, has perfected a serum which, by comparative tests, was found to be twice as effective as some of the European preparations. Success has attended the serum treatment in England, Italy, South America, and other countries, besides the United States. It gives the least pain, a minimum of scarring and deformity, is applicable to all forms and locations of the disease, is a specific method and a safeguard against generalization of the local infection. It has on an average the lowest mortality rate, and in most cases necessitates the shortest absence from employment.

The Food Instinct.

A interesting editorial in the Journal of the American Medical Association says that it is difficult to escape the conviction that mankind seeks food in apropriate amounts in response to a well-defined instinct; the need of the average man, in whatever country he lives, approximates 2,700 calories. In times of plenty, at least, the data of food intake is almost identical in Rome, Helsingfors, Boston and Berlin. The needs of children of both sexes may exceed by nearly 1,000 calories a day for each child the requirements of the average man or woman. A child has the demands of growth as well as of repair to satisfy.

Anti Rat Campaign.

England and Germany have been holding campaigns for the extermination of rats.

Pasteur's Centenary.

In 1923 one hundred years will have elapsed since the birth of Pasteur. A celebration is to be held at Strasburg, where he began his epoch-making researches. The University and City of Strasburg, the Pasteur Institute, Paris, and the Pasteur family are to have charge of the celebrations.

Diseases of the Teeth.

A lecturer at the British Dentists' Hospital, London, said the English have the worst set of teeth in the world. He thought that faulty dietetic habits were in part the cause, and so were in part, at least,

preventable. He did not believe that the loss of teeth in old age was necessary. With advancing years the teeth should become more firmly fixed. He asserts that the British people had lost the art of mastication; they did not chew, but sucked their food.

Ether and Respiration.

It had been noted that the first effect of ether is to cause depression in the rate of respiration. Then, there is a rapid rise above normal, which is succeeded by a fall. The stronger the ether the less time required to produce this result. When the respiration is reduced below normal, recovery is possible when the ether is removed, if sufficient time is allowed. If the rate of respiration has been too far depressed, recovery is not possible.

Treatment of Cold in the Head.

An English practitioner recommends soluble calcium salts as a treatment for cold in the head. The freshly prepared lactate is used in doses of from 15 to 30 grains three times a day.

Cod Liver Oil in Rickets.

It is said that the administration of cod liver oil brings about changes in the bones which, if the diet is not too faulty, brings about complete cure. In two or three months so much infiltration with salts has taken place that the extremities of the bones, except for deformities, are practically normal.

Yolk of Egg for Babies.

The yolk of a raw fresh egg is recommended in the feeding of a baby who is not thriving. One is mixed with the feeding each day.

Cause of Adenoids.

A writer in the British Medical Journal thinks that adenoids are caused by the over-working of the lymphatic glands situated behind the soft palare, by repeated colds and by the exanthemata.

Toronto University.

The gift of half-a-million dollars from Sir John Eaton, spread over twenty years, and of a million dollars from the Rockefeller Foundation, have increased the facilities for the study of medicine at the Toronto University. Physicians and surgeons of established reputations have been appointed to devote almost all their time to the organization of medical education and the administration of the medical department in the hospital.

The Effect of Altitude.

Five graduates of Harvard Medical School and three British Associates are to make their headquarters at an altitude of 14,000 feet in the Andes, in order to study the effect of height in the changes in the heart, circulation, respiration and chemical composition of the blood. The inhabitants of this place live there in comfort, and do hard work in the copper mines, at an altitude at which most persons would be unable to work much, on account of the rariety of the air.

Public Health Nursing Department

OFFICERS:

Chairman—Miss Florence Emory, 26 Algonquin Avenue, Toronto, Ont.
Vice-Chairman—Mrs. Hannington, 104 Sparks Street, Room 4, Ottawa, Ont.
Secretary—Miss Muriel Mackay, 190 University Avenue, Toronto, Ont.

Address public health news items from each province to the following representatives:

Nova Scotia
Miss Margaret McKenzie,
Department of Public Health,
Halifax.

New Brunswick
Miss Sarah Brophy,
74 Carmarthen Street,
St. John, N.B.

Quebec
Miss Sarah Fraser,
110 Crescent Street,
Montreal.

Ontario
Miss Muriel Mackay,
190 University Avenue,
Toronto.

Manitoba
Miss Elizabeth Jeffers,
Suite 11A, Justin Apts.,
Fleet and Doley Streets,
Winnipeg, Man.

Saskatchewan
Miss Nora Armstrong,
City Health Department,
Regina, Sask.

Alberta
Miss Elizabeth Clark,
Prov. Public Health Dept.,
Edmonton.

British Columbia
Miss M. A. McLellan,
1883 Third Avenue, West,
Vancouver, B.C

Campaign for Membership

The officers of the Public Health Section of the C.N.A.T.N. are desirous that an aggressive campaign for membership in the section should be launched by the provincial representatives and their standing committees early in the new year.

Application forms have been prepared and sent to each provincial representative for use in enrolling new members. It has been suggested that provincial representatives might delegate each member of their standing committee to become responsible for enrolling her share

of new members in the section.

The executive would recommend that the application forms, when filled in, be retained by the provincial representatives.

Let our aim be, "Every public health nurse a member of the Public Health Section of the C. N. A. T. N."

It may be of interest to readers of the Public Health Section of the *Canadian Nurse* to learn of the success of the little health play, in Kentville, a town in the beautiful valley, about nine miles from the historic "Evangeline" land. This play, it will be remembered, was published in the April number of the *Canadian Nurse*.

The play was produced at the annual closing exercises of Kentville Academy in September. This closing occurs in September rather than in June, as the school authorities think it the better time because of the stress of worry and examinations at the end of the school year.

The little ladies taking the parts were nearly all about the age of the clever little Western authoress, and no doubt each was selected by her teacher on account of her special suitableness to the parts of Misses Sunshine, Fresh Air, Cleanliness, and Health. The parts of all, including that of Mrs. Jones, mother of the ill-kept sick baby and her officious and incapable advisers, were admirably acted, the make-ups being most suitable and original.

The whole clinic furniture was used, together with the scales and measuring board. I must here mention the town theatre was the place of entertainment, so that there was a real stage, drop curtains, and footlights. The little members of the "Mother's League" wore white, with nurses' caps made of white paper napkins. Mesdames Jones, Brown, and Smith, each selected her costume from the cast-off clothing of mother or big sister. There was some grotesquesness of costuming, but it helped the impersonating of those characters with vim and finesse, causing gustos of laughter from the tremendous audience of pupils and parents. The baby was a life-sized doll, whose head, during the dress rehearsals, had a habit of suddenly parting from its body and rolling on the floor, but during the performance was a model and decorous actress, even to the cry, which was howled by a little Miss in the wings. The bath was not given on the stage, as the country nurse who undertook to finish the coaching, so well begun by teacher, thought it too hazardous and tedious to teach in the very short time, so Miss Health carried the very dirty baby off the stage to attend to its ablutions; in going, telling Miss Cleanliness to prepare a bottle of modified milk.

In the meantime, Miss Fresh Air, left alone with the incapable mother, prepares the bed, singing and humming the chorus of "Save the Babies," while adjusting the coverings, etc. She also talks to Mrs.

Jones about the care of her baby and gives her literature,—"The Canadian Mother's Book," being as prominent as was possible to make it. Then, in due time, the nice clean baby in night clothes returns and is put to bed and sleep. Curtain (a real one).

In the final scene, Miss Health is discovered, weighing (on the clinic baby scales), and measuring (on the clinic measuring board), a beautifully clean, apparently year-old baby, who is able to sit up in the scales, so that all may see what the combined efforts of four active little ladies, Misses Health, Cleanliness, Fresh Aair, and Sunshine, have accomplished in one month.

The appreciation of the mother, who then arrives to claim her marvellously transformed infant, is well acted. Then is sung "Save the Babies," by the entire company, even the formerly recalcitrant, but now possibly converted Mesdames Smith and Brown, taking part, thus ending this educative and entertaining dramaette. The audience applauded to the echo, appreciative co-eds made many an ear-splitting whistle, but the shy little actresses were too unsophisticated to respond to curtain calls, apparently filled only with the thought of crowding about teacher and anxiously asking "did we do alright?"

Note.—There must surely be somewhere between the Atlantic and Pacific boundaries of our land, some quiescent, undeveloped or undiscovered talent, capable of producing some instructive and entertaining health plays, health instructive pictures and alphabet books, which could be used throughout the land during the important years of first impressions. As it is, we must borrow from our cousins across the border. Perhaps there is needed but the suggestions to start the gifted ones searching their capable and artistic mentalities, when there will be undiscovered unsuspected talent which may produce classics in this line.

MARGARET E. MACKENZIE.

Halifax, Nova Scotia.

One more unit has been added to the hospital area growing up in the vicinity of the Medical School of Dalhousie University in Halifax. The new tuberculosis hospital recently opened shows Halifax taking one more very important step along the lines of public health and preventive medicine. This splendidly appointed tuberculosis hospital will house from fifty to sixty-five persons in advanced stages of tuberculosis. The far-reaching effect of proper housing of persons in the terminal stages of this disease, at the stage when they are the greatest menace in the home, has an almost incalculable advantage to the public. What is equally important to the public, and what must be consoling to the relatives and friends of the tuberculosis sick who need hospital care.

is to be advised of the recent reciprocal action of the Charities Committee of the City Council and the Medical Faculty of Dalhousie University.

It will be recalled that some weeks ago the University offered to nominate an expert consulting and attending staff for the new tuberculosis hospital who will give their services free to the city, and asked at the same time that students in the medical course be given opportunity to study tuberculosis at this hospital. The city officials readily acceded to the request.

The medical director is Dr. W. Bruce Almon; Consulting Surgeons, Dr. E. V. Hogan and H. K. MacDonald; Consulting Internist, Dr. Kenneth A. MacKenzie; Consulting Larygologist, Dr. R. Evatt Mathers; Consulting Pathologist, Dr. A. G. Nicholls; Consulting Obstetrician, Dr. W. Bruce Almon; Consulting Urologist, Dr. Frank Mack; Consulting Pediatrist, Dr. M. J. Carney; attending staff of Tuberculosis Specialists, Dr. T. M. Sieniewicz, assisted by Drs. M. J. Carney and H. G. Grant; attending Dentist, Dr. G. N. Stultz; Pathologist, Dr. D. J. MacKenzie, and resident interne (senior student), Mr. Corey S. Bezanson.

When the University Health Centre, to be erected out of Rockefeller funds, is erected and staffed, the City of Halifax will have the most complete tuberculosis and best co-ordinated programme of any Canadian city, and the medical school will have the facilities for teaching medicine second to no school on the American continent.

At their meeting in December it was decided by the executive of the Registered Nurses' Association of Quebec to form a Provincial Public Health Section. The officers of the section will be a Chairman Vice-Chairman, and Secretary, with a representative to the Advisory Committee of the Provincial Executive. A representative to the executive of the Public Health Section of the Canadian National Association of Trained Nurses will be appointed by the Provincial Section. The Section will be financed for at least one year by the Provincial Association.

Mrs. Plumptre was guest of honor at an informal reception given at the Graduate Nurses' Club by the Public Health Class of 1921-1922 of the University of Toronto, on the evening of December 15th. An enjoyable programme was given and refreshments served. At the conclusion of the evening a vote of thanks was given Mrs. Plumptre for her unselfish interest in the class of which she is Honorary President. Mrs. Plumptre made a strong plea to the students that they should take up pioneer work in the rural and more isolated districts of Ontario.

Department of Nursing Education

Conducted by the Canadian Association of Nursing Education

The Ideals of Nursing

(Valedictory Address to the Graduating Class of the Royal Victoria Hospital, Montreal).

W. Gordon M. Byers, M.D.

Nurses of the Graduating Class of 1920:—

You join to-day the now considerable body of Royal Victoria Hospital graduates, who stand high—very high, indeed—in that noble sisterhood that devotes its life to the care of the sick. Your diligence and your devotion as undergraduates call for something more than a casual good-bye as you leave the scene of your training; and to me has been accorded the pleasurable duty of commending you for work well done, and wishing you all success in your future careers.

The ceremony of graduation (or "commencement," if one wishes to use what always seems to me a happier term) marks in our lives a parting of the ways; and it is a commendable and well-nigh universal custom to seize upon this as one of the occasions upon which to turn our thoughts to an analysis and consideration of the purposes underlying our activities. The value of these efforts is, that they clarify our ideas, and enable us to formulate rules of conduct that are helpful as principles of action. It has been a difficult task to choose a topic for to-day, the field having been so fully worked over by former speakers; but it seemed to me that I might, with justification, after an experience of many years of hospital life, say something to you about the ideals of nursing.

The qualifications of a good nurse can be determined by a consideration in sequence of her relations with the various individuals who surround her.

From beginning to end the patient is the nurse's first charge. The sick man lies fighting disease or injury; he is always in a measure—often entirely—powerless to command. In moments of delirium and unconsciousness, helpless as a new-born child, his whole well-being lies in the nurse's hands. At times she is the sole guardian of his material interests; she may stand beside him at the last. Her obligation is very deep and solemn.

The primary duty of the nurse is to assist in the cure of the patient's ailment. She looks to the doctor for directions, but otherwise

directs. Remembering that she, too, is called as an expert, she must not hesitate to take the initiative, and in the physician's absence to control the environment of the case in all its aspects. In the nature of things a layman can know little or nothing of the requirements of his case; and it is notorious that the judgment even of medical men is untrustworthy as regards themselves as well as their dependents. An attitude of authority, tactfully assumed, tends, therefore, to thoroughness, and to a feeling of security that reacts favourably upon the patient.

But there is more to the problem than this. Morals and manners are children of the mind, fathered by the will, and, because of the invariable clouding of the mind and lowering of the will that accompanies sickness, one sees conduct and behaviour in the sick-room that are below the individual's standard in health. There are also the mental aberrations that arise from anxiety, — fear of death; dread of impending incapacity; worry about diminished income; apprehension regarding the possibility of losing a position; and so on without number. To a man the worst thought is that loved ones may not receive those necessary things that a loving heart would give; while the mother of a house realizes always that the thousand and one things that mothers alone can do are being omitted or imperfectly performed during her enforced idleness. Nothing will more greatly enhance the value of the nurse and clarify her action than a full appreciation of these aberrations. Understanding them, she will extenuate them; and appreciating them at their full value, she can allay anxiety by holding them in their proper light.

To the other needs of the patient, the nurse must respond by something more than a perfunctory adherence to routine duties. There is hardly anything that she may not be called upon to do in defence of her patient's condition. To illustrate this point, let me quote from Lytton Strachey's delightful studies of "Eminent Victorians." Speaking of Miss Nightingale, he says:—

"This remarkable woman was in truth performing the function of an administrative chief. How had this come about? Was she not in reality merely a nurse? Was it not her duty simply to tend to the sick? And indeed, was it not as a ministering angel, a gentle "lady with a lamp" that she actually impressed the minds of her contemporaries? No doubt that was so, and yet it is no less certain that, as she herself said, the specific business of nursing was "the least important of the functions into which she had been forced." It was clear that in the state of disorganization into which the hospital at Scutari had fallen, the most pressing, the really vital need was for something more than nursing; it was for the necessary elements of civilized life,—the commonest material objects, the most ordinary cleanliness, the rudimentary habits of order and authority."

Standing about the patient are those who love and are loved, filled with fears and apprehensions, but generally smiling bravely to hide the aching heart. There is on occasions a trying side to this group, who may apprear to be lacking in consideration for the nurse; but the situation calls for understanding and sympathy, and it also will help the nurse if she remembers that people's susceptibilities are heightened by the very circumstances which have commanded her presence among them.

No problem is more vexing, at times, to the nurses than that of the domestic help, but the solution, as a wise nurse remarked, is to be found in tact,—a faculty which has for one of its attributes "a fine sense of how to avoid giving offense." In the meantime, as a practical suggestion, ascertain where possible exactly what are the routine duties of the maids, and see that they are not encroached upon. Remember also that the presence of the nurse in the home is in itself an extraordinary charge upon their time.

The relationship of the nurse to the physician in charge is something more than that of an assistant. It is better defined as the relationship that exists between the commanding officer and his adjutant, with all that is implied in the way of initiative on the part of the junior officer. The essence of the thing should be, however, loyalty on the one hand, and consideration on the other; both fully co-operating in the interest of the patient.

Short as is this outline of her activities, one can nevertheless deduce the qualifications of the perfect nurse. She must be intelligent, trustworthy, and loyal; strong and courageous; patient and sympathetic; kindly and tactful. In a word, ideally, she must be the perfect woman of Wordworth's beautiful lines:

"A being breathing thoughtful breath,
A traveller betwixt life and death;
The reason firm, the temperate will,
Edurance, foresight, strength, and skill;
A perfect Woman, nobly plann'd,
To warn, to comfort, and command;
And yet a Spirit still, and bright
With something of angelic light."

But you will exclaim, "How could one possibly attain such perfection!" Well, the mould is already largely formed. You are among those who have been favoured with the precious heritage of good parents, with all that this implies,—favourable hereditary qualities, sound home influences, good upbringing. Before you entered school to lisp the pages of your first primer, your character in large measure was irrevocably fixed. Your acceptance at the hospital was in itself a proof of a sound physical and mental make-up. Your standing in your com-

munity was vouched for by leaders of repute. Further evidence of your fitness lies in the fact that you survived a period of strict probation. The members of no other calling are so strictly selected as are the nurses who enter the profession through the portals of our great hospitals. Finally, you have had three years of splendid special training, the value of which will be fully revealed to you in the days to come.

In passing one may ask, shall we, in the future, have the same material from which to draw our nurses? Evidences of a strong religious instinct, the disappearance of which has in history marked the decadence of every great empire, has recently been shown to be still deeply rooted in the hearts of our people; but that as a nation we are intellectually backward seems beyond all question. The state of our rural schools is a crying shame. Everywhere young and inexperienced teachers, frequently incapable of maintaining discipline, are expected to instruct an impossible number of pupils in buildings that are often quite unsanitary. Our remuneration of our teachers is a national disgrace,—an expression of a parsimony that finds no joy or value in learning. It is a platitude to repeat that education is the corner stone of a democracy; but the matter cannot be too often forced upon our attention; for, unless moved by one of those impulses, the origin of which is indeterminable, we fully and promptly meet those educational needs of our country which are now so clearly apparent, we shall soon see an end of those free institutions that have grown out of the genius of the Anglo-Saxon race. Your quiet support of necessary educational changes, as you come and go among the families of our Dominion, will be of inestimable value.

In a concrete way, there are two things that a nurse must do if she is to maintain the high standard we have set before her; she must guard her health, and husband her means. These two points are so intimately interwoven that they must be considered together. Without adequate rest and recreation, it is self-evident that a nurse must fall short of her ideals; and, certainly, anxiety lest she be dependent upon others in her declining years will interfere with her efficiency. The average active life-time of a nurse is about 20 years. The members of the profession are agreed that at the end of that time the curve of activity must gradually decline. Now $75.00 a month would be the very smallest sum on which a nurse could retire, even as things are at present. To create a fund sufficiently large at the end of twenty years to yield this income it would be necessary to set aside weekly, at a minimum of 5 per cent., a sum of not less than $10.00. Inquiry reveals that nurses can save in these days barely $10.00 a month; and that, too, only by foregoing real necessaries. This sum, even if properly handled and converted into an annuity at the end of twenty years, would not yield the requisite income.

There are only three ways in which this matter can be remedied: The nurse must receive more pay; or her hours must be shortened; or she must be provided with accommodation so cheap that she will be able to save what is necessary out of her present earnings. The first plan would bear hard upon the public; the second would increase the nurse's earnings by lengthening her period of activity, but would also heighten the cost of nursing. The third would be mutually beneficial to the nurses and the public, and is undoubtedly the ideal solution of the problem.

Before leaving this subject let me say, "Save your money." If you say you cannot, I will reply you must. In the presence of great financiers, I hestitate to give advice; but I think they will support me in these admonitions:

1. Realize that you know nothing about how to invest your money wisely.

2. Determine your monetary requirements at the outset of your careers.

3. Take your problem to the experts, to the banks and the trust companies, and let them formulate for you a permanent plan of saving that will cover your life-time.

Now all this may seem grossly materialistic; but as a matter of fact it is only a question of prudence and economy,—of a providence which enables us the better to reach the higher goals of our aspirations.

These aspirations can be summed up in the word "Service,"—not the labor of the slave, compulsory and grudgingly given; nor even the work of the free man, with full hours of conscientious endeavour for a just reward; but the service freely rendered, without hope or thought of remuneration, for the love of one's fellow man, and for the joy of giving.

At the present moment every thoughtful mind is turned to a consideration of what is necessary to mend a world which is sadly out of tune. Everyone longs for that ideal state "whose citizens are happy, absolutely wise, all of them brave, just, and self-controlled—all at peace and unity and in the enjoyment of legality, equality, liberty, and all other good things."

Now it is a truism that a government is but an expression of the governed. To reform our governments, we must begin with the individual,—we must reform ourselves. The deep conviction of thoughtful men is, that in this reconstruction we must develop the spiritual aspects of life, and shun the materialism, which unquestionably is the great menace of the day, and was the primary cause of the great war. This brings us to the age-old problem of the world, and touches a field upon which I am incapable of entering.

No calling, however, offers a greater opportunity for service of the higher type than does the nursing profession, which embodies in its purposes everything we regard as lofty and altruistic. Endowed as they are by nature and by training with moral and physical qualities of the highest order; and with their feminine sympathies attuned to the cries of the afflicted, to whom among ourselves. should we look for leadership in our itinerary toward the light, if not to our nurses?"

THE PERFECT NURSE

Nels McNaughton, in Atlanta Constitution.

Take an oceanful of energy,
A tablespoon of guile;
About a quart of innocence,
A little less of wile;
A pinch or two of naivete,
And a touch or so of nerve;
A hamperful of courage,
And just twice as much of nerve;
A large amount of sweetness,
And a sprinkling of conceit;
And as much of human frailty
As will make both ends just meet;
A brookletful of passion,
And a riverful of love;
The wisdom of a serpent,
And the weakness of a dove;
Take a good big chunk of thoughtfulness,
The same amount of care;
And as large a sense of humor
As the doctor says you dare;
A tiny bit of cussedness,
A good deal more of spice;
And just enough of goodness
So as not to be too nice;
Now mix these all together,
For better or for worse;
Take a a bucketfull at bedtime
And you'll be a perfect nurse.

Private Duty Nursing Department

Surgical Postoperative Treatment

By R. V. B. Shier, M.D., 112 College St., Toronto.

The material for this paper has been derived from observations of surgical patients where careful attention to detail is carried out in this phase of our surgical therapy. It has been my privilege to study, in association with Dr. F. N. G. Starr and Dr. Roscoe R. Graham, twelve hundred postoperative cases during the last twelve months. Certain definite lines of therapy have been adopted, varied to the needs of the particular case, but it is in reference to abdominal surgical cases that these remarks are particularly directed.

To be successful, hearty co-operation between physician and surgeon is essential, and personality, as well as sound judgment, counts for much. To us the doctrine of "masterly inactivity" is dangerous teaching—but fussiness is never desirable. Mild cases, it is true, require little attention, apart from what are usually considered unimportant details. However, every case of any magnitude requires close watching if good results are to be obtained. One will be repaid by a decrease in the mortality rate, as well as in the period of morbidity.

Purgation the night before operation is harmful. The hospital and the operation are events in the patient's lifetime. Rest and quiet to body and mind are the indications. Therefore do not let a dose of castor oil the night before deprive the patient of these essentials. A very satisfactory plan is to give a mild laxative two days before the date of operation, and on the evening before operation a simple enema, which is repeated the following morning. If the patient is nervous, and it is desirable to secure a good night's sleep, sodium bromide 20 grains and chloral hydrate 10 grains, or 1 grain of codeia may be given by mouth. If the patient is weak or exsanguinated, a preliminary transfusion of whole blood is of decided value. Failing this, an intravenous injection of 1000 cubic centimeters of 10 per cent. glucose in normal saline is of decided value. The latter, being a monosaccharide, can be directly utilized as food, and is an admirable substitute for whole blood in such instances. Gastro-enterostomy cases receive gastric lavage the night before and 1 hour previous to operation. We do not give morphia and atropine as a routine before the anaesthetic, on account of the risk of postoperative nausea. Another drawback is that pupil reflexes are lost as a guide to the anaesthetist.

During the operation, if shock is likely to be a prominent factor,

we resort to the old time, interstitial, or normal saline at the commencement of the procedure. If there has been considerable blood loss, 6 per cent. gum acacia is given intravenously to the amount of 1000 cubic centimeters. To avoid reaction from this, the gum must be dissolved in freshly distilled water, and, of course, sterilized.

For the first 3 or 4 days after an operation of any magnitude, there are as a rule three outstanding symptoms: (1) pain; (2) distention or meteorism; and (3) nausea and vomiting. If these are eliminated, there are very few other postoperative troubles. While routine orders are not favoured, we have an order which applies to all severe or moderately severe abdominal cases. The results which have been obtained since using this routine are its main justification. The order is as follows: morphia sulphate, ¼ grain and a tropine sulphate 1-150 grain, hypodermically as necessary for pain or restlessness; strychnine sulphate, 1-30 grain, hypodermically every 4 hours for the first 48 hours; Murphy drip with glucose 10 per cent., sodium bicarbonate, 5 per cent., with concentrated tincture digitalis (B. & W.) 2 drachms to the first 10 ounces.

There can be but little doubt that morphine and atropine, in liberal doses, given during the first 24 hours, is the one combination par excellence for pain and restlessness. Mental and physical rest are so important that remedies less reliable are a waste of time. Codein, while soothing to the nervous system, fails to relieve severe pain. Aspirin, so commonly used in conjunction with codein, tends to increase the nausea. The argument that morphia encourages postoperative distention seems either to have been exaggerated, or our further postoperative measures combat its influence. A great deal of the trouble that opponents of morphine have experienced has been due to too small dosage. When morphia is used in sufficient dosage to relax spasm of the abdominal muscles and allow of painless contraction, the patient experiences little difficulty in expelling gas, and has no pain while so doing. We give strychnine mainly for its tonic action on the unstriated muscle fiber of the intestine—an important point in the prophylaxis of distention.

The second postoperative difficulty—meteorism or distention, is much easier to prevent than it is to cure. It is toward the prevention of this condition that we find digitalis so valuable. One has only to compare the patients operated upon before its use, with those of the past year, to appreciate the improvement. Just how digitalis prevents distention is open to discussion. Aside from its undoubted action on the heart and circulation, we feel that it has a direct action on the intestinal musculature, as well as through the vagus. After its use we have no difficulty in getting bowel action, and whereas formerly we prescribed pituitrin and eserine frequently, we now only occasionally use them.

To illustrate this striking local action of digitalis, we will quote the following case:

A girl, age 25, was operated upon for stone in the common bile-duct, it being necessary to open the duodenum. The postoperative course was stormy. Digitalis was not given in this case immediately after operation, and distention and vomiting were severe. At the end of 4 or 5 days the bowels having failed to react to purgatives and enemata of various kinds, we gave, per rectum, 2 drachms of concentrated tincture of digitalis in 3 or 4 ounces of water. Two hours later the patient had a copious bowel movement, and was greatly relieved.

This is the only case where we have used digitalis at this late period, for since adopting it as a constituent of the Murphy drip, and giving it immediately on the patient's return to bed, we have been able to avoid difficulties such as the above. At this juncture we wish to point out that, to derive the most benefit, it is essential that it be started within the first hour of the patient's return to bed—that the Murphy drip be not faster than 40 or 60 drops to the minute, and that only 8 or 10 ounces of solution be given, to insure absorption. After the 8 or 10 ounces are given, the drip is discontinued for 3 to 4 hours, and repeated with glucose and soda alone. Another important point with regard to the use of digitalis is its value in preventing the tachycardia that occasionally follows cholecystectomy. Most surgeons have noted this alarming and sometimes fatal complication. Since using digitalis, there has not been a single instance of this.

In some cases, even with digitalis, one gets a moderate degree of meteorism. If such occurs, we use pituitary extract, 1 cubic centimeter, immediately followed by a 1.2.3. enema containing turpentine, 1 drachm. It is important to give the two at the same time, or the pituitrin a few moments after the enema. The practice of preceding the enema with the pituitrin by a period of 15 minutes is faulty, and the results not so good. Sometimes pituitrin fails to work, in which event eserine 1-50 grain every 2 hours for 3 doses may be used. It is strange, but nevertheless a fact, that eserine acts best in those cases where pituitrin fails.

We now come to another troublesome postoperative difficulty—nausea, often associated with vomiting. There are 5 types which require differential diagnoses in order to have successful results: first, anaesthetic; second, acute dilatation of the stomach; third, obstructive; fourth, toxic; fifth, neurotic. We will discuss the differential diagnoses and treatment of each variety in turn.

1. *Anaesthetic.* This follows, if not immediately, in a few hours after the anaesthetic. It is characterized by persistent nausea and the vomiting of any water taken, together with small quantities of bile. Even without treatment, it should be over in 48 hours, except in excep-

tional cases. If it is prolonged after the third day, one should be suspicious of the fifth, or neurotic variety. The treatment depends, in this as well as in any variety of vomiting, on whether the stomach completely empties itself or not. If there is reason to suspect that the stomach does not empty at each emesis, the stomach tube and a copious gastric lavage with weak sodium bicarbonate solution are indicated. It the stomach empties, or is emptied by the tube, relief may be given by administering the following: 1 drachm peroxide, 6 drachms normal salt solution.

If the first dose is vomited, repeat in a few moments. If this fails, a good plan is to add cocaine: 1 drachm peroxide, 6 drachms normal saline, ¼ grain cocaine.

This may be repeated in half an hour if vomited. Sometimes adrenalin and cocaine act well: adrenalin, 1:10000. minims 25; cocaine, ¼ grain; normal saline, 2 ounces.

To be repeated if the first dose is vomited.

During the second 24 hours, a number are benefitted by buttermilk or coffee, and some by acid hydrochloric (dil) and bismuth. A remedy recently used in benzyl, benzoate of sodium. The dose is 15 minims, mixed with five times the quaintity of 90 per cent. alcohol. This is again given in 2 or 3 drachms of water, the mouth being immediately rinsed out. We have used this last remedy only a few times, and have found it of marked value. We allow our patients water in abundance, and find it does not increase the vomiting, but adds greatly to the comfort of the patient.

2. *Acute gastric dilatation.* This occurs after cholecystectomy more frequently than after any other operative procedure. It occurs also fairly often after removal of large ovarian cysts. It is characterized by the vomiting of olive green, foul-smelling material. Instead of vomiting naturally, this offensive material spills out over the patient's chin. It occurs about the third or fourth day—sometimes earlier. It is easily mistaken for intestinal obstruction, but as a rule occurs earlier in convalescence, and is not associated with pain. In cases of acute dilatation, on passing the tube after a vomiting spell, one obtains a couple of quarts of material, whereas in obstruction the stomach empties itself. As to treatment—there are only two things to do: repeated gastric lavage, and the right lateral position for the patient. These patients must be kept lying on the right side, and the stomach must be washed at least every 2 hours if a fatal result is to be avoided. It is in this type of vomiting that we are particularly partial to the use of the duodenal tube. It may be fastened in by adhesive on the cheek. The nurse, in the absence of the house-surgeon, pumps the stomach at the 2-hour period. In the event of a duodenal tube not being available, an ordinary stomach tube passed each time is quite

efficient, and has the advantage of being more easily passed than the duodenal tube. In a delirious patient it is almost impossible to pass the latter.

3. *Obstructive vomiting.* This is as a rule early in convalescence from paralytic ileus, or later from bands or adhesions. If due to ileus, repeated lavage is necessary, but if due to organic causes, operation must be considered. It is interesting to note, in studying our cases, that by avoiding meteorism, as pointed out in this paper, the cases diagnosed as paralytic ileus are falling into small numbers.

4. *Toxic.* This occurs after prostatectomies, and is an evidence of uraemia. The element of acidosis in some of these cases must not be forgotten. There is in the uraemic type, increased non-protein nitrogen in the blood, and in those due to acidosis, an acetonuria. The indications are to flush the channels of elimination—by interstitial saline: epsom salts by mouth, if they can be retained at all, and glucose and soda intravenously, or per rectum, preferably the former. Benzyl works best as a remedy by mouth.

5. *Neurotic vomiting.* This occurs in two classes of individual—those who have had previous anaesthetics, and those who are overwise about anaesthetic vomiting, as doctors and nurses. Any vomiting of the anaesthetic type which persists after the third day is usually neurotic, and should be so treated. The remedy is sodium bromide 100 grains per rectum, or sodium bromide 80 grains, and chloral hydrate, 40 grains, per rectum. Either may be repeated in 4 or 5 hours.

We usually give a dose of castor oil at the end of 48 hours. Daily bowel action thereafter is desirable, either by pill aloin, belladonna, strychnine, and cascara, or liquid paraffin. Food is liquid or semisolid for the first 48 hours; after that the diet may be increased according to the individual case. Gastro-enterostomies are fed as any other case, usually put on malted milk; junket or custard on the second day. We rarely use morphine as a sedative after the first 36 hours. Other sedatives or hypnotics are used when indicated.

The conclusion one arrives at is that postoperative therapy is important; that personality of nurse and doctor counts for much, and that morphia, digitalis, and a stomach tube are life-saving.

Surgery, Gynecology and Obstetrics, June, 1921.

So when you see another
Losing hope—well, he's a brother,
And a word, a deed, is due
To that brother-man from you.
Help him! It is Christ's own plan!
Help a fellow all you can.—*Dennis A. McCarthy.*

The World's Pulse

Direct Wireless to Australia.

The Daily Mail sent a wireless message direct from Fenchurch Street, London, to its correspondent at Sydney, New South Wales. It only took about one-sixteenth of a second to transmit the message from the power station at Carnarvon, Wales, to Australia, a distance of more than 12,000 miles. The message travelled at the rate of 180,000 miles per second—as fast as light.

An Unjustified Superstition.

Thirteen men went to the war from a certain village in England. Some of them served on the different fronts, some of them served at sea, and all returned in safety. There would not have been a more lucky number than thirteen in this instance.

The Royal Marriage License.

The marriage of Princess Mary is one of the most interesting events in present history, and everything connected with it appeals to us. A royal marriage license is very large, written entirely in old English lettering with black ink. Lines drawn in red under certain words relieve the sombreness. It is said there is only one man in England, a Mr. Bull, who can do the engrossed handwriting required in the document. It must bear the consent of the King and the signature of the Archbishop of Canterbury. It cost $250.00.

First Zeppelin Bomb.

A bomb has been recovered from Grimsby Fish Dock, by a dredge, which is thought to be the first incendiary bomb from a zeppelin in England. It was the first of many showered on the town and district in the first raid on the east coast. The only damage done was the burning of two trucks on a railway siding.

Skull of a Prehistoric Man.

The skull of a prehistoric man has been discovered under hundreds of tons of mineralized bones at the bottom of a cave in Rhodesia. A great anthropologist says it is the most important discovery since the Pittsdown skull, which was that of a prehistoric woman found in flint-bearing gravel in Sussex. It is an intermediate link between the Java ape-man and the much more highly developed race whose remains have been found at Gibralter.

The Queen's Homage to the Dead.

The inscription on the wreath laid on the cenetaph by the Queen on Armistice Day was written by her own hand on a card. It said, "In proud remembrance of brave men dear to God and famous of all ages, from Mary R." The Prince of Wales' wreath was of red poppies with prince's feathers in white heather.

London Bridge.

A complete arch of the first stone bridge crossing the Thames at the site has recently been found. It was built by Peter, monk of Colechu, at the end of the 12th century, and has been passed over for 750 years.

Gifts to the Princess Mary.

Every Girl Guide has been asked by Lady Baden Powell to give a penny towards a wedding present for Princess Mary. All the Marys in the United Kingdom, and possibly in the Dominions as well, are to unite in offering her a gift. The large sums which will be sent her in all probability are to be divided between charities in which she is interested, after a certain amount has been set aside to purchase a personal remembrance.

Airplanes Without Pilots.

What is described as a new war terror is a plane without a pilot, sent out from a flying ship and operated by wireless. The ship is a sea craft containing all the necessary machinery and supplies. It can anchor beside a coast, or in any desired position, and send up a swarm of hornets to drop bombs, or discharge torpedos upon any object selected. She will be in no danger from submarines, as she will be equipped with a sure device for defeating them. If a human being survives the next war, it will not be the fault of the destructive devices that are being equipped.

Pray! for earth has many a need,
Pray! for prayer is vital deed.
Pray! for God in heaven hears,
Pray! for prayer will move the spheres.
Pray! for praying leads to peace,
Pray! for prayer is never lost,
Pray! for prayer well pays its cost.—*Amos R. Wells.*

C. A. M. C. Nursing Service Department.

"Enemy Planes Were Observed Crossing the Coast"

(By Nursing Sister M. Jessie Leitch).

The late afternoon light slanted across the green fields and tent-dotted hollows of the South Coast. A military hospital stood on the hill above the sea, and the grounds were dotted with convalescent soldiers in the familiar hospital "blues." There were men with one arm gone, or a leg, lying on the grass under the old elms, talking cheerily to the men with bandaged heads and eyes. They all smoked and chatted as if there wasn't any war, and yet, in their midst, were men for whom the beauty of this English April evening had been blotted out by bursting shells but a few weeks past, in France. But they were Britishers, and moreover, they had "made Blighty." So they sat and smoked, and joked, in English fields.

Some children were playing on the sands below, throwing sticks far out into the water, and shouting at the big white dog to come and fetch them. The blue-green waters of the Channel flashed across to France, and along the sea wall strolled men in khaki, on final leave. Generally they strolled with their best girl, their arm encircling her waist. It was only a matter of time till they crossed to France. And then, who could tell? Either they would be lucky, and get a "blighty" or . . . they would go "west." If they drew a "blighty," they, too, might in the course of a few weeks be back in England, wearing blues, sitting on the grass and smoking woodbines, just as the men up on the hospital hill were doing to-night. If they went "west" . . . well, that was something of which one knew little. Certain it was that it would be a long time before they strolled again beside an English sea, with their arms around their best girls. So, in the green and golden sunset time, they walked slowly along, stooping sometimes to gather the yellow primroses that grew in fragrant clumps at their feet, to search for a four-leaved clover that would assuredly mean good luck and bring them safely back from France.

Suddenly, far up in the sky, a flock of silver birds appeared, their pinions shining in the rays of the setting sun. The men under the trees saw them first, one or two sat up and watched them a minute, before they said to their companions with the bandaged eyes:

"Planes coming over, eh? Look like scouting machines."

The shining flock wheeled slowly in the sky, resolving into some twenty-odd planes, flying in massed formation.

Over beside the hospital some men were watching the machines with interest. Some one ran for a glass.

Then, a man under the trees said softly, and his face whitened as he looked at his companions who could not see:

"Those are German planes."

The little group got to their feet, the men with legs reaching crutches for the amputation cases, the one-armed soldiers guiding the ones who could not see.

Over toward Folkestone a dull boom sounded, and a cloud of flying earth testified that a bomb had fallen, the first. Along the sea wall the couples who sauntered started to run toward the hospital, the children on the sands below were being gathered in by frantic mothers who realized that there was no time to seek shelter other than that afforded by the over-hanging cliffs.

There were doctors and nurses running across the lawns, hurrying patients to the only available shelters; the red brick huts were already full of men too badly wounded to be moved.

In one of the beds a red-haired boy from Toronto sat up, propped with many pillows. His were chest wounds, and, after weeks at No. 2 C.C.S. in France, he had been months in blighty, in this very ward. A glass of daffodils stood on the locker beside his bed, and as the sound of falling bombs came nearer, he smiled at the nurse who lingered by his pillow, and touched the yellow petals gently.

"Poor little beggars," he said. "It's a shame to have them all messed up. They never did anything to Germany—except bring a little sunshine to chaps like me."

After the roar of bombs and upflung masonry had passed, and a few stray shells whined over the mass of debris that an hour before had sheltered wounded soldiers, the silver "birds" wheeled high in the sky and disappeared, leaving a trail of fleecy white clouds in their wake, puffs of bursting shrapnel that fell into the channel and scarcely disturbed the green and blue radiance of its sparkling waste.

Over where the old elm had stood some huddled shapes in blue lay on the grass. There were scattered feathers on the ground, and a few rooks who had escaped unhurt circled amid the broken branches.

Before the rescue parties had reached the last of the poor, broken bodies that lay beneath the mass of wreckage, a silver moon flooded the fields with light, softened the harsh outlines of the ruins and flashed on the waters of the channel. And as the long notes of "lights out" floated out across the camps, they found the red-haired soldier, with all the useless bandages on his chest, still holding his "sunshine flowers" in his hand. And there was a look of quiet peace on his face that the moonlight melted into a smile.

In response to an S.O.S. from Matron-in-Chief E. C. Rayside, R.R.C., M.H.S., twenty-three returned nursing sisters met at the Montreal General Hospital on December 13th, 1921, and there formed the Montreal Association for Overseas Nursing Sisters. The following were elected to office: Matron-in-Chief E. C. Rayside, Chairman; Nursing Sister J. I. Ramsay, Treasurer; Nursing Sister M. Muir, Secretary; Nursing Sister I. Davies, Registrar; to which is added a Committee of five.

Any nursing sisters passing through Montreal can get in touch with members of the association by applying to Nursing Sister J. I. Ramsay, 12 Oldfield Avenue.

Matron E. N. Charleson, R.R.C., spent the Christmas holidays in her home at Ottawa.

Matron B. L. Smellie, R.R.C., School of Nursing Staff, McGill University, was a recent visitor to Ottawa.

Nursing Sister C. Brunelle, at present stationed at Whipple Barracks, Prescott, Arizona, contemplates taking examinations for the U. S. Public Health Service.

Mrs. M. Booth-Perry announces the marriage of her daughter, Nursing Sister Hilda Hasting Perry, to Mr. George F. Conley, October 21st, 1921, at St. Barnard's Church, Saranac Lake, New York.

Nursing Sister C. I. Isabel Stewart, of the Saskatchewan Red Cross, has been holidaying at her home in Renfrew, Ont., and en route visited friends at Ottawa and Cobourg. Conversing with her one soon becomes aware that here is an enthusiast and one familiar with every phase of the homesteader's problems. It is doubtful if the average resident of Eastern Canada has any, save a vague idea, of the tremendous colonization progressing in the west. Still, surrounded by luxuries, some do recognize and perhaps envy the indomitable spirit of courage and enthusiasm that prompts the pioneer.

Out of compliment to her excellent war service, Nursing Sister M. Helena Lunn was invited to place a wreath from their comrades upon

the Soldiers' Memorial at Dundas, Ont., on Armistice Day. A graduate of St. Michael's Hospital, Toronto, Sister Lunn served Overseas three years, two of which were spent in France. In placing the wreath on the memorial, she said, "On behalf of the comrades of those who played so glorious a part in the war with duty fearlessly and well, with honour and respect I place this wreath. We will not cease to mourn for those who courageously gave their lives for the sacred cause of freedom."

"All we have willed or hoped or dreamed of good shall exist;
Not in its semblance, but itself;
No beauty, nor good, nor power
Whose voice has gone forth, but each survives for the melodist
Where eternity affirms the conception of an hour."

—*Robert Browning.*

"Everyone owes some of their time to the upbuilding of the profession to which they belong."—*Theodore Roosevelt.*

It was for me that Jesus died,
For me and a world of men
Just as sinful, and just as slow
To give back His love again;
And He didn't wait till I came to Him,
But he loved me at my worst;
He needn't ever have died for me
If I could have loved Him first.

—*Dora Greenwell*

Hospitals and Nurses

NEW BRUNSWICK

The first meeting of the season of the St. Stephen's G. N. A. was held in December at the Chipman Memorial Hospital, Miss Branscombe in the chair. An interesting business meeting was held, after which refreshments were served by Misses Boyd and Baskin.

Miss Clara Boyd and Miss Maida Baskin have returned to St. Stephens, after a post-graduate course at the Presbyterian Hospital, New York; the former resuming her duties as Instructress at the C. M. H., and Miss Baskin as head nurse in the same hospital.

The sympathy of the Nurses' Association is extended to Miss Geraldine Humble on account of the sudden death of her father.

Miss Mabel McMullin, R.N., who has been seriously ill, is now convalescing.

St. John.

A dance was given on November 17th, under the auspices of the St. John Local Chapter of N.B.G.N.A., at which about $1,200 was added to the Stamers' Memorial Fund.

Miss Alice Norwood, R.N., Assistant Superintendent of Fredericton Hospital, has resigned.

Miss Cecilia Gleason, R.N., has resigned her position as Night Superintendent of the G. P. Hospital, St. John, and her position has been filled by Miss Grace Finley, R.N. (class 1919).

Miss Elizabeth Sanson, Vice-President of the Fredericton District G.N.A., has resigned, and Mrs. C. D. Richards was appointed in her stead.

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QUEBEC

Royal Victoria Hospital, Montreal.

Miss Deane (1921) has resigned her position at the Montreal Maternity Hospital, her position being taken by Miss Ella Moffatt (1919).

Miss Maud Sinclair (1913) is Assistant Superintendent at the Perley Home for Incurables, Ottawa, Ontario.

A most enjoyable dance was given to the nurses and their friends by Sir Vincent Meredith, on December 30th, in Nurses' Residence, which was prettily decorated. The guests, about 300 in number, were received by Miss Hersey and her assistants.

Miss Mildred Ewing (1915) is in charge of the Operating Department at the Buffalo General Hospital.

Miss Edith Karn (1915) is doing district work in Woodstock, Vermont.

Mrs. Eric Paice (Aileen Pomeroy, 1916) is with the Social Service Department of the Royal Victoria Hospital.

Misses Anna Beele (1919) and Eleanor Gardiner (1919) have accepted positions on the staff of Cornell University Infirmary.

Miss Anna Stewart (1902) is ill in the Royal Victoria Hospital.

Dr. and Mrs. A. R. Landry (Elsie Oliver, 1912) are leaving for Paris, where Dr. Landry will take a special course in surgery, having received a scholarship.

Montreal General Hospital.

Miss Marjory Ross (1921) has accepted a position in the Port Hope Hospital, Port Hope, Ontario.

Miss Louise McLeod (1908) has resigned from the S.C.R. Victoria, and is now on the staff of the Wellesley Hospital, Toronto, Ontario.

Miss McCallum (1916) and Mrs. Gordon Harper (Miss Winnie Brown, 1909), with many others, have been on the sick list, but all have recovered except these two, who are progressing favourably, and hopes are expressed for a speedy recovery.

Christmas celebration for the patients took the form of a tree and musical programme on Tuesday, December 27th, to the great enjoyment of all. About 300 were present at the annual Christmas dance given to the nurses by the Hospital Board, and which was held December 28th.

Miss E. Little has resigned from the staff of the Winnipeg General Hospital and is now in charge of the Operating Department in the Royal Provincial Jubilee Hospital, Victoria, B. C.

Miss Dorothea McDermott (1921) is taking up work with the Chalmers Settlement House, Montreal.

Women's Hospital.

Dr. Reddy and Miss Edwards represented the hospital at the annual conference of the American Hospital Association held at West Baden Springs, Indiana.

Miss Francis has accepted the position of Assistant Superintendent, Miss Coffee having resigned.

During the month of November, Dr. Cotter gave a series of very interesting lectures, with lantern slides on "The History of Medicine, Preparation and use of Drugs and Vitamines."

Miss S. M. Jamieson, graduate of Jeffrey Hales' Hospital, Quebec, is taking the course for instructors at McGill University, Montreal.

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ONTARIO

The annual bazaar under the auspices of the Alumnae Association of the Brantford General Hospital was held on December 8th, 1921, when a good attendance of nurses was noted; the proceeds amounted to $400.00. The members of the association took pleasure in sending a Christmas present to Miss H. E. Day, a member of the association, who is engaged in the mission field in Chicacole, India.

At the regular monthly meeting of the A. A. of the Woodstock General Hospital, an interesting address was given by Dr. Welford. The meeting was well attended, with Miss M. H. Mackay in the chair.

Guelph.

A Christmas 'Eve entertainment was given to the patients by the nurses and staff of St. Joseph's hospital, which was thoroughly enjoyed by all. Santa Claus distributed gifts to all the inmates, and, after a delightful entertainment, all adjourned to the chapel, where midnight mass was celebrated.

A farewell party to the graduating class was given at St. Joseph's Hospital on January 6th. All spent a delightful evening, and the graduates carry with them the best wishes of their sisters and school.

Miss Ina Fellows, Hamilton General Hospital, who went to South Africa about two years ago, and Miss Annie Male, who went to China the same year, have both been married recently.

Nursing Sister Carscallen (H.G.H.) has accepted a position with the S.C.R.

Miss Irene Elliot (H.G.H.), who for six years has been at the Woman's Hospital, New York, has returned to Hamilton.

Miss Brake, who has been a patient in the General Hospital for over a year, has greatly improved since her last operation.

Nursing Sister Ida Carr is a patient at Calydor Sanitarium, Gravenhurst, Ontario.

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MANITOBA

WINNIPEG

Miss Mary Martin, R.N., graduate of the Boston Homeopathic Hospital, Boston, Mass., and till recently Lady Superintendent of the King George Hospital, Winnipeg, has accepted the position of Superintendent of Nurses at the Winnipeg General Hospital. Miss Martin has been in charge of the King George Hospital for the past eight years, where her services were much appreciated.

Miss Timlick (W.G.H., 1917) is in charge of the O. R. at the Children's Hospital, Winnipeg.

Misses Stinson, M. Strong, Mathers and Van Allen are on the staff of the King George Hospital; all being graduates of the W. G. H.

Misses Lynch and Hobson have gone to Toronto University to take courses in public health work.

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SASKATCHEWAN

SASKATOON

The regular January meeting of the Saskatoon Graduate Nurses' Association was held at the home of Miss Olive Key, Twelfth Street. Following the business meeting a social hour was spent in games, music and partaking of refreshments.

Miss Noble, of Brandon College Staff, spent the Christmas holidays with friends in Saskatoon.

Mrs. Don Macdonald (S.C.H., 1916) spent a few days in Saskatoon on her way to Drumheller, Alberta.

The many friends in Saskatoon of Dr. C. H. Tindall and Mrs. Tindall (formerly Catherine McIntosh, S.C.H., 1918) will learn with very great regret of the death by accident of Dr. Tindall, in Yuma, Arizona. Dr. Tindall was making a night call in connection with his professional duties when his automobile was struck by a moving train; he was instantly killed. Doctor and Mrs. Tindall had been married just eight months. The most sincere sympathy of her many nurse friends is extended to Mrs. Tindall.

Miss Emily Stevenson (S. C. H., 1919) left recently for Cozad, Nebraska.

Miss Hilda MacDonald and Miss Elsie Nicholson, of the School Hygiene Staff, are enjoying a four months' leave of absence, which they are spending in Honolulu.

The regular monthly meeting of the Saskatoon Graduate Nurses' Association was held at the home of Mrs. W. J. Pulley, R.N., on December 1st. Considerable business was transacted; among other items of business was the appointment of Mrs. Pulley to collect items of interest for the "Canadian Nurse" during the absence of Miss MacDonald. Miss Alice M. Wiggins, R.N., of the Public Health Department, gave a paper on "Syphilis and the work of the Venereal Disease Clinics." Miss Wiggins' address was most interesting and instructive. The meeting closed with a social half-hour.

Moose Jaw

The Moose Jaw Graduate Nurses' Association extended an invitation to all graduate nurses in the city to be present at a dinner to be held at the Empress Hotel on Saturday evening, November 26th, to meet Miss Jean E. Browne, President, and Miss Mabel Gray, Secretary-Treasurer of the Saskatchewan Registered Nurses' Association, who were guests of honor. Some fifty nurses responded, and all sat together at one long table. While the first course was being served, Mrs. (Dr.) Leask sang a pleasing solo. After all had partaken of a most delightful dinner, the President, Mrs. W. F. Ironside, introduced the guests, and called upon Miss Browne to address the nurses. After giving a brief outline of what is being done in regard to the National Memorial to our Canadian nurses, Miss Browne gave a most interesting and illuminating talk on some of her experiences in the hospitals of France and England.

At the regular meeting of the Moose Jaw G. N. A., held in the Y.W.C.A. Club Room on Wednesday, December 7th, it was decided, among other things, that, as our "dinner" venture had proven such a pleasant and profitable function, we would try it again in the very near future, and possibly adopt it as a regular feature of our activities in the social and educational department. After the business had been disposed of, Dr. Howard Black gave a most interesting and instructive lecture on "Eclampsia." The meeting closed with a social half-hour.

Miss Margaret Clark, graduate of the Guelph General Hospital, has joined the staff of the Moose Jaw General Hospital, having taken charge of the operating theatre.

Maple Creek

Miss Smith, R.N., (M.H.G.H.), of the School Nursing Staff, Medicine Hat, paid a recent visit to Mrs. Leslie Quick, R.N., at Maple Creek.

Miss E. Nash, R.N., (Great Falls, Mass), temporarily assumed charge of the Maple Creek General Hospital during the absence of Miss Guillod, the Superintendent, while she was in attendance at the recent nurses' and hospital conventions in Regina.

Nurses of the Maple Creek district regret that Mrs. Doak (Portage la Prairie General Hospital) is no longer to make her home in Maple Creek. After a visit to Portage la Prairie, she will reside in Tofield, Alberta.

Mrs. (Dr.) F. B. Dawson (Grace Hospital, Toronto) has just returned to her home in Maple Creek, after a three months' visit to Toronto and Hamilton.

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BRITISH COLUMBIA.

Vancouver General Hospital

The annual meeting of the V.G.H.A.A. was held in the Nurses' Home on January 3rd. After the election of officers for the ensuing year, it was decided to hold the monthly meeting on the second Tuesday of each month. It is regrettable that the attendance of members at meetings is so small, and it is hoped that in future more interest will be shown in the Alumnae Association by all V.G.H. graduates.

Miss Dolly Sharp, late of the staff of the V.G.H., has left to take charge of the hospital at Britannia Beach.

Misses M. MacDonald, V. Clemeson, I. Smith, E. Sutherland and Emery, of the 1921 class, have accepted staff positions at the V.G.H.

Miss A. Cooper has taken a position on the staff of the Skagway Hospital, where her sister, Miss Connie Cooper, has been for some time.

Mrs. Hutchinson and Miss Jackson, of the 1920 class, have gone to Prince Rupert on the staff of the General Hospital.

VANCOUVER.

Mrs. Eva D. Calhoun, graduate of Grace Hospital, Toronto, has been appointed Superintendent of the Vancouver Branch of the Victorian Order of Nurses. Mrs. Calhoun has been for some time in Vancouver, and is well known among its citizens.

A general meeting of the G. N. A. of British Columbia was held on January 21st, 1922, in Vancouver, the President, Miss Breeze, in the chair. A meeting of the Committee on Public Health Nursing was held in the afternoon, a good attendance of those specializing in this branch of nursing being present. Miss Althea McLellan, convener, presided.

A representative of the British Columbia Medical Association, Dr. Burnett, addressed the meeting briefly on the subject of the "Health Week," to be held all over the province a little later in the year, and begged for the co-operation of the nurses. Miss V. M. MacDonald, Director of Emergency Service for the Red Cross Society, spoke on that feature of the Red Cross activities, and urged a more definite plan and organization for disaster relief work in British Columbia than we have as yet made.

The letter from the Convener of the Memorial Committee was read, with its announcement of the British Columbia quota of $13,000 as part of the $65,000 asked for by the Committee. After much discussion it was resolved to raise $6,500, and more if possible, for this purpose. Mrs. Stabler, the recently appointed Supervisor of Public Health Nurses in British Columbia, spoke briefly on her work and asked for recruits for this most important branch of nursing. The local association served refreshments at the close of the meeting.

VICTORIA

The Victoria G. N. A. held their monthly meeting on January 4th, 1922, with a good attendance. Misses Alice Williams and O'Brien were appointed members of the private duty committee of the G. N. A. of British Columbia. Dr. Pointz gave an instructive lecture on "Radium and X-Ray Treatment," with practical demonstration of the appliances used, methods of applying, and of radium itself.

NEW WESTMINSTER

Miss Gwen Taylor and Miss Mason, who have been on the staff of Lane Hospital, San Francisco, have returned to British Columbia.

You are writing a Gospel,
A chapter each day.
By deeds that you do,
By words that you say.
Men read what you write,
Whether faithless or true.
Say! What is the Gospel according to YOU?

BIRTHS

Martin—On December 25th, 1921, at Vernon, B. C., to Mr. and Mrs. Stuart Martin (Miss E. Wilson, Vancouver General Hospital, 1919), a daughter.

Millard—At Brantford, Ont., on November 2nd, 1921, to Mr. and Mrs. R. Millard (Anna McCullough, B.G.H., 1913), a daughter.

Hall—At the City Hospital, Saskatoon, on November 7th, 1921, to Mr. and Mrs. H. Hall(nee Miss Bradley, S.C.H., 1915), a son—Herbert Bradley.

Wellbelove—At the Municipal Hospital, Eston, on September 10th, 1921, to Mr. and Mrs. J. Wellbelove (nee Mary McArthur, Galt General Hospital), a daughter—Mary Elizabeth.

Maher—In October, 1921, to Mr. and Mrs. Arthur Maher (Blanche Costley, St. John, G.P.H.), Newcastle, N.B., a daughter.

Everett—To Mr. and Mrs. Hazen Everett, Fredericton (Ethel Kee, Victoria General Hospital, Fredericton, N.B.), a son.

Forge—At Grace Hospital, Toronto, Ont., on December 23rd, 1921, to Dr. and Mrs. F. W. Forge (Phoebe Coburn, Riverdale Isolation Hospital, Toronto, 1918), of Lion's Head, Ont, a son—Lionel Coburn.

Scott—At Vancouver, on September 25th, 1921, to Mr. and Mrs. Osborne Scott (Audrey Heath, Winnipeg General Hospital, 1920), a daughter.

Wilson—At Hamilton, Ont., on December 26th, 1921, to Mr. and Mrs. Charles Wilson (Marry Ball, Hamilton General Hospital, 1913), a son.

Turney—At Grand Mere, Que., on November 25th, 1921, to Dr. and Mrs. Herbert Turney (Muriel Black, Royal Victoria Hospital, Montreal, 1918), a daughter.

Bradford—At St. Johns, Newfoundland, on August 6th, 1921, to Mr. and Mrs. Fred L. Bradshaw (Mildred Duder, Royal Victoria Hospital, Montreal, 1913), a daughter—Joan Mary.

Scrimger—At Montreal, on December 11th, 1921, to Dr. and Mrs. F. A. C. Scrimger (Ellen Carpenter, Royal Victoria Hospital, 1914), a son.

Roman—At the Montreal Maternity Hospital, on January 9th, 1922, to Dr. and Mrs. Lightfoot Roman, of Valleyfield, Que. (Jessie Sedgewick, Royal Victoria Hospital, 1914), a son.

Clarke—At the Montreal Maternity Hospital, on December 6th, 1921, to Mr. and Mrs. Herbert Calrke (Shirley Kent, Royal Victoria Hospital, 1916), a son.

Williams—To Dr. and Mrs. Williams (nee Davis, Winnipeg General Hospital), a son.

Bain—To Mr. and Mrs. Bain (nee Melville, Winnipeg General Hospital), a son. September 4th, 1921.

Bassford—To Mr. and Mrs. Douglas Bassford (nee Menagh, Winnipeg General Hospital, 1916), a son, on September 29th, at Winnipeg.

Halt—At Kootenay General Hospital, Nelson, B. C., to Mr. and Mrs. Chas. Halt (Alice Jones, 1916, Winnipeg General Hospital), of Balfour, B.C., a son.

MARRIAGES

Watson-Kipp—At Chilliwack, B.C., on January 2nd, 1922, at the home of her parents, Mr. and Mrs. E. A. Kipp, Frances Kipp (V.G.H., 1919), to Mr. William Watson.

Morison-Moss—At Victoria, B.C., on December 10th, 1921, Dorothy Beryl Moss (Montreal General Hospital, 1917, and Nursing Sister C.A.M.C.), to Mr. Charles Keith Morison, of Martinez, California, youngest son of the Rev. D. W. and Mrs. Morison, of Beauharnois, Quebec.

Lee-Lewis—At the bride's home, New Westminster, B.C., on December 31st, 1921, Audrey Lewis (Royal Columbian Hospital), to Mr. Lee, of Pasco, Washington.

Wilson-Gray—At Duhamel, Alberta, on January 5th, 1922, Grace A. Gray, R.R.C. (graduate Toronto General Hospital, 1907, and Nursing Sister C.A.M.C.), to Alexander G. Wilson, B.A., L.L.D., of Edmonton, Alberta.

Morrison-Bond—On December 28th, 1921, in Cumberland, B. C., Mary Bond (Nicola Valley General Hospital) to Mr. Reginald Morrison. They will reside in Merritt, B. C.

Offley-Gisborne—In November, 1921, in Merritt, B. C., by the Rev. James Thompson, Florence Gisborne (Ladysmith General Hospital, Ladysmith, B. C.), to Mr. Arthur Offley, of Merritt.

Becktie-Anderson—In June, 1921, Miss D. C. Anderson (Winnipeg General Hospital, 1914), to Mr. Sylvam Becktie.

Anderson-Walker—In December, 1921, Olive Watson (Hamilton General Hospital) to Hugh Anderson, of Hepworth, Ont.

Hunter-Nash—In Erskine Presbyterian Church, Hamilton, Ont., on January 4th, 1922, Eva Nash (Hamilton General Hospital, 1917), to John Hunter, of Grimbsy, Ont.

Montgomerie-Hastie—On November 23rd, 1921, at Maple Creek, Sask., Nursing Sister Grace Hastie, R.N. (V.G.H.), to Mr. T. Montgomerie, of Medicine Hat, Alberta. Both served Overseas.

Gibson-Fletcher—On June 29th, 1920, at Galt, Ont., Margaret Fletcher (B.G.H., 1920), to Mr. H. Henderson, of Paris, Ont.

Shirton-Hewitt—On July 6th, 1921, at Waterford, Ont., Esther Hewitt (B.G.H., 1918), to Dr. G. Shirton, of Waterford, Ont.

Hewitt-Jennings—On December 7th, 1921, at St. John's Church, Brantford, Ont., Beatrice Jennings (B.G.H., 1918), to Mr. Tom Hewitt, of Princeton, Ont.

Devine-Lightbound—At Montreal, on December 29th, 1921, Muriel A. Lightbound (M.G.H., 1918), to Mr. J. Howard Devine, of Newark, N.Y.

Giroux-Landry—At Moncton, N.B., on December 14th, 1921, by the Rev. Fr. Cormier, Alice Landry, Victoria Public Hospital, Fredericton, N. B., to Mr. Lorenzo Giroux, Quebec.

Clifford-Baynes—At Regina, Sask., on December 3rd, 1921, Nursing Sister Kate Baynes (Vancouver General Hospital) to Mr. George Clifford, of the C.C.M.P.

Hayes-McGiveney—In October, 1921, at Fredericton, N.B., Loretta McGiveney (Victoria General Hospital, Fredericton, N.B.), to Mr. Leo Hayes.

Good-Buchanan—In October, 1921, at Fredericton, N.B., James Good to Mary Buchanan (Victoria General Hospital, Fredericton, N. B.).

Greene-Bosence—At St. John, N. B., on October 9th, 1921, Lillian Bosence (General Public Hospital, St. John, N. B.), to Mr. John Greene.

Nelson-Dale—In Saskatoon, on January 1st, 1922, Frances A. Dale (S.C.H., 1921), to Ralph E. Nelson. Mr. and Mrs. Nelson will reside in Unity, Saskatchewan.

Henderson-Turner—At Riverside, N. B., on December 27th, 1921, Millicent Aileen Turner (Royal Victoria Hospital, 1915), to Mr. Thomas E. Henderson. They will reside at 10 Chestnut Avenue, Hamilton, Ont.

Sebben-Whyte—On December 27th, 1921, at Stratford, Ont., Vera Helen Whyte (Royal Victoria Hospital, 1920), to Dr. John Sebben.

DEATHS

Hegel—At the residence of her sister, Mrs. Schardin, 911-0 Street, Sacramento, on November 8th, 1921, Helen M. Hegel, of Morrisburg, Ontario, graduate of the Montreal Maternity Hospital, 1892.

Birtles—At her home in Alexander, Man., Miss Sarah Birtles. Winnipeg General Hospital, class 1889.

Blott—Nursing Sister Jane Blott (Class 1908, New York Hospital), on October 1st, 1921, at Gosport, N.Y., after a long and painful illness. Sister Blott had been employed in M.D. Nos. 2 and 10 respectively.

By my tasks of every day,
By the little words I say,
By the friendships which I make,
By the roads my footsteps take,
My allegiance I proclaim—
My allegiance to a Name—
Prove my right His cross to wear,
Cross and Name of Christ to bear.

—*George Klingle*

I would I were an armed knight,
Far famed for well-won enterprise,
And wearing on my swarthy brows
The garland of newly-wreathed emprise;
For in a moment I would pierce
The blackest files of clanging fight,
And strongly strike to left and right,
In dreaming of my lady's eyes.

—*Kate.*

Meeting of the International Council of Nurses

A meeting of the International Council of Nurses for the transaction of business is to be held at Copenhagen during the week May 22nd to 27th, 1922. The invitations will be issued by Mrs. Henry Tscherning, President of the International Council and the Danish Nurses' Association. The arrangements are being agreed between Mrs. Tscherning and Miss L. L. Dock, Hon. Secretary, and Miss M. Breay, Hon. Treasurer.

Copenhagen is a lovely city, and the Danish Nurses' Association very efficiently organized, so the invitation will, we feel sure, meet with hearty response. At present the following National Associations of Nurses form the International Council:—The National Council of Nurses of Great Britain and Ireland, the American Nurses' Association, the Canadian Nurses' Association, the New Zealand Nurses' Association, the Trained Nurses' Association of India, the German Nurses' Association, the Dutch Nurses' Association (Nosokomos), the Danish Nurses' Association, and the Nurses' Association of Finland.

Applications for affiliation have been received from the Norwegian, Italian, and Chinese Nurses' organizations, and it is to be hoped that the Trained Nurses' Association of South Africa will also be ready to come in. The Danish nurses are anxious to discuss several questions of international interest.

A WORD FOR THE WEEK.

"Live your life while you have it. Life is a splendid gift. There is nothing small in it. Far the greatest things grow by God's law out of the smallest. But to live your life you must discipline it. You must not fritter it away in erring act, inconstant will; but must make your thought, your words, your acts, all work to the same end, and that end not self but God. This is what we call Character."

—*Florence Nightingale.*

Love is an unerring light
And joy its own security.

"Saying and doing, we stand on the rock,
Saying, not doing, we stand on the sand.
Both shall be tried by the storm and the shock,
Only the rock the trial will stand."—*Anon.*

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Representative to the "Canadian Nurse"—Miss V. Horner.

Sick Visiting Committee—Miss G. Mayhew, Miss E. Jack.

Regular meeting first Monday at 8 p.m.

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Regular Meeting—Second Wednesday, 8 p.m.

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Regular Monthly Meeting—First Thursday at 8 p.m.

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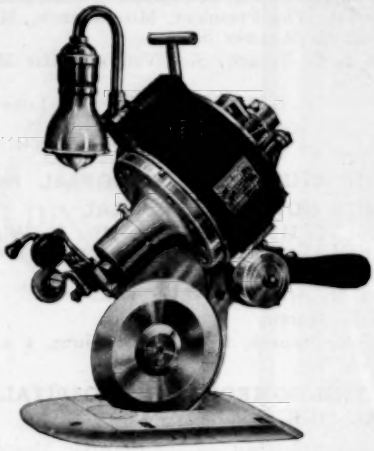

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Regular Meeting—First Tuesday, 4 p.m.

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